

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

x 618

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name	Telephone Number	Date of Inspection PERMIT #
Habana Blues	8/2-948-987	(mm/dd/yr) 19 -
Establishment Address (number and street, city, state, zip code)	9760	7-8-19 129
320 Pearl St New Albany, IN 47		121
Owner Leo Lopez	Purpose: 1. Routine	Follow-up Release Date NO 10 days
Owner's Address	(2. Follow-up)	Summary of Violations:
320 Pearl St		Summary of Violations:
Person in Charge	3. Complaint	a a a
Leo Lopez	4. Pre-Operational 5. Temporary	CD NC R
Responsible Person's E-mail	6. HACCP	Menu Type (See back of page)
Certified Food Manager	7. Other (list)	$\begin{bmatrix} 1 & 2 & 3 & 4\sqrt{5} \end{bmatrix}$
Vanessa Granado Puran		
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"		
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN TE	HE "SUMMARY OF VIOLATIONS" AN	D IN THE NARRATIVE BELOW AS "R"
Section# C/NC R Narration	ve	To Be Corrected By
- No repeat violatio	115 -	
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Received by (name and title printed):	Inspected by (name and title pr	
	Thomas Sn.	ider. EHS
Received by (signature)		vi - : 1 = 11 ~
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